L22 0003 90367

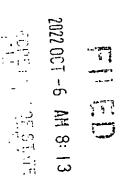
(Requesto	or's Name)	
(Address)		
(Address)		
(City/State	e/Zip/Phone #)	
(•) • • •	-1 ,	
PICK-UP	WAIT	MAIL
(Business	Entity Name)	
(Docume	nt Number)	
•	,	
Certified Copies	Cortificator of 9	Status
Certified Copies	Certificates of C	natus
Special Instructions to Filing	Officer:	
——.		

Office Use Only



300395481093

10/06/22--01010--029 **25.00



A. BUTLER JAN - 4 2023

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Name of Limit	rading Americas LLC.
The enclosed Articles of Amendment and fee(s) are sub-	nitted for filing.
Please return all correspondence concerning this matter	to the following:
Stephen	Ryrus Esq.
Dicklaus a	nd Associates D.A. Firm/Company
4651 Ponce	de lear Blud. Svite 200
Cord Cas	les, FL 33146
Stechense (1	City/Stale and Zip Code Ni Ways aw. Cold o be used for future annual report notification)
For further information concerning this matter, please ca	ill:
Stephen Byrnes	at (305) 726-654
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
S25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Eli En

C 1	•	side tagir
SI Tradia	g Americas LLC	2022 OCT -6 AM 8: 13
(Name of the Limited Liab (A Flor	Hity Company as it now appears on our ida Limited Liability Company)	records.)
	i.	一 (寄行為)語STATE
The Articles of Organization for this Limited Liability	Company were filed on 9	27/22
Florida document number 1220089036	27.	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		and the modern tallow E.E.C.
(Principal office address MUST BE A STREET ADI	ORESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or register	red office address on our records	onton the name of the
agent and/or the new registered office address here	:	enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
28MA	SI Trading GHbH	Friesenheiner Strasse 25	<u> </u>
		Friesenheiner Strasse 25 68169 Wanheim Gernany	□Remove
		Gernany	Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			∏ Change

_		
	<u> </u>	
	late, if other than the date of date is listed, the date must be speed ate inserted in this block do effective date on the Departm	of filing: (optional) ecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 bes not meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
he record spe ord is filed.	cifies a delayed effective date,	, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	^22-09-23	Miami ,
_		Soidel
_	Signat	ure of a member or authorized representative of a member
		Jonas Seidel
=		Typed or printed name of signee

Filing Fee: \$25.00